

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	1/9/01
FORMALITY REVIEW	H.S	866	01.11.001
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 -+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	(1)	3/7/01
2	✓	(2)	8/5/01
3	✓	(3)	12/10/01
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If more than 150 claims or 10 actions  
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